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To: Examiner Jonathan P. Ouellette
Group Art Unit: 3629

From: John S. Sensny

Fax: 703-872-9326

Pages: 16 pages including cover sheet

Phone:

Date: 1/23/2004

Re: U.S. Serial No. 09/706,645

CC:

Group Art Unit: 3629

Docket No. YOR920000454US1 (13808)

AMENDMENT UNDER 37 C.F.R. §1.111

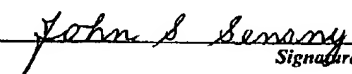
• **Comments:**

Transmitted herewith are:

1. Certificate of Transmission By Facsimile (in duplicate)
2. Amendment Transmittal Letter (in duplicate)
3. Amendment Under 37 C.F.R. §1.111

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AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. YOR920000454US1 (13808)		
Applicant(s): Dimitri Kanevsky, et al.					
Serial No. 09/706,645	Filing Date November 6, 2000	Examiner Jonathan P. Ouellette	Group Art Unit 3629		
Invention: VOLUNTEER NETWORK SUPPORT GROUP FOR PEOPLE WITH DISABILITIES					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ John S. Sensny Registration No. 28,757			Dated: January 23, 2004		
SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, New York 11530 (516) 742-4343			<div style="text-align: center;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="text-align: center;">Signature of Person Mailing Correspondence</div> <div style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</div>		
cc: JSS:jy					

P11LARGE/REV08